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Bib Data Sheet

CONFIRMATION NO. 6538

SERIAL NUMBER 10/629,375	FILING OR 371(c) DATE 07/28/2003 RULE	CLASS 370	GROUP ART UNIT 2616	ATTORNEY DOCKET NO. Hao 1-2-4 (LCNT/125103)
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APPLICANTS

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** CONTINUING DATA ***** No n o

** FOREIGN APPLICATIONS ***** No n o

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 10/23/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NJ	SHEETS DRAWING 4	TOTAL CLAIMS 29	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance	Examiner's Signature Robert W. Wilson Initials PWW			

ADDRESS

46363

TITLE

Method, apparatus and system for improved inter-domain routing convergence

FILING FEE RECEIVED 996	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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